



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

84-07-08

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

|   |   |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br>Committee to elect Neil Garrison          |   |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br>( 812 ) 466-3239 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br>2401 N. 9th St. |   |
| 5. City, State, ZIP Code<br>Terre Haute, IN 47804   | 6. Party Affiliation (if applicable)<br>Democrat  |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|   |  |
|---|--|
| 7. Full Name of Candidate (include any nickname)<br>Neil Vincent Garrison   | 8. Party Affiliation or If Independent Candidate<br>Democrat |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>City Council, 5th District | 10. County of Residence<br>Vigo                              |

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

|   |   |
|---|---|
| 11. Check one:<br><input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|---|---|

|  |                         |                          |
|--|-------------------------|--------------------------|
| 12. Reporting Period:<br>From: Jan. 1, 2007 Through: April 13, 2007  | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period.  | 11.21                   |                          |
| 14. Cash on hand and investments January 1, current year.  |                         | 11.21                    |
| <b>CONTRIBUTIONS AND RECEIPTS</b><br>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |                         |                          |
| 15a. Itemized (use Schedule A) (1,102.65 + 122.00)   | 1,224.65                | 1,224.65                 |
| 15b. Unitemized  | 3,640.00                | 3,640.00                 |
| 15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>   | 4,864.65                | 4,864.65                 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>   | 4,875.86                | 4,875.86                 |
| <b>EXPENDITURES</b><br>(Note: These amounts include in-kind expenditures and loan repayments.)                                     |                         |                          |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)   | 2,705.46                | 2,705.46                 |
| 17b. Unitemized  | 534.24                  | 534.24                   |
| 17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>   | 3,239.70                | 3,239.70                 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>             | 1,636.16                | 1,636.16                 |
| 19. Debts OWED BY the committee (use Schedule D)   | .0                      |                          |
| 20. Debts OWED TO the committee (use Schedule E)   | .0                      |                          |

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                    |                 |
|--|--------------------|-----------------|
| Signature of Treasurer<br><i>[Signature]</i>                 | Title<br>Treasurer | Date<br>4/14/07 |
| Signature of Candidate (if applicable)<br><i>[Signature]</i> |                    | Date<br>4-19-07 |

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED  
FOR OFFICE USE ONLY

VIGO CIRCUIT COURT

APR 20 2007

*[Signature]*  
CLERK

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)               | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1.<br>Mark Fuson<br>4220 Hulman St.<br>Terre Haute, IN 47803<br><br>Contributor's Occupation (if required) Sales        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                           | \$250                             | \$250                                  | 3-22-07                         |
| 2.<br>Neil Garrison<br>2401 N. 9th St.<br>Terre Haute, IN 47804<br><br>Contributor's Occupation (if required) Marketing | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                           | \$318.87                          |  | 2-8-07<br>through<br>4-6-07     |
| 3.<br>Neil Garrison<br>2401 N. 9th St.<br>Terre Haute, IN 47804<br><br>Contributor's Occupation (if required)           | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe) Create art for fundraiser<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 333.78                            |  | 2-8-07<br>to<br>4-6-07          |
| 4.<br>Neil Garrison<br>2401 N. 9th St.<br>Terre Haute, IN 47804<br><br>Contributor's Occupation (if required)           | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe) Design, writing,<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)          | \$200.00                          | 753.94                                 | 2-8-07<br>to<br>4-6-07          |
| 5.<br><br><br><br>Contributor's Occupation (if required)  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                                      |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 1,102.65                       |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                |   | \$ 1,102.65                       |  |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totaled on ITEM 15a** of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED |
|--|---|-----------------------------------|--|------------------|
|  |   |                                   |  | RECEIVED BY      |
| 1.<br><br>Jewett Printing<br>Rick Jewett<br>PO Box 390<br>Farmersburg, IN 47850                          | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><u>Printing</u><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ | \$122.00                          | \$122.00                               | 3-14-07          |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____                      |                                   |  |                  |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____                      |                                   |  |                  |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____                      |                                   |  |                  |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____                      |                                   |  |                  |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 122.00                         |  |                  |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$ 122.00                         |  |                  |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 1806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE   |
|--|---|---|-----------------------------------|--|--------------------------|
|  |   |   |                                   |  |                          |
| Code <u>A</u><br>Lamar Advertising<br>4701 E. Margaret Dr<br>Terre Haute, IN<br>47803                    | Outdoor Advertising                                     | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Billboard</u>    | 862.50                            | 862.50                                 | 4-5-07                   |
| Code <u>A</u><br>Thadco Advertising<br>PO Box 2579<br>Bloomington, IN 47402                              | Advertising Specialty                                   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>ad specialty</u> | 415.00                            | 415.00                                 | 4-9-07                   |
| Code <u>A</u><br>Tribune Star<br>222 S. 7th St.<br>Terre Haute, IN 47807                                 | Publishing/Adv  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Advertising</u>  | 104.44                            | 104.44                                 | 3-23-07                  |
| Code <u>A</u><br>Corey Advertising<br>146 S. 23rd St.<br>Terre Haute, IN 47803                           | Ad Specialty  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Advertising</u>  | 195.53                            | 195.53                                 | 3-22-07                  |
| Code <u>A</u><br>Flottsom Commun.<br>2120 2nd Ave.<br>Terre Haute, IN 47807                              | Publishing/Adv.   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Advertising</u>  | 353.00                            | 353.00                                 | 3-14-07                  |
| Code <u>A</u><br>Indiana Labor News<br>2620 E. 10th St.<br>Indianapolis, IN 46201                        | Advertiser  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Advertising</u>  | 156.80                            | 156.80                                 | 2-23-07                  |
| Code <u>F</u><br>Jeffrey Alans<br>Honey Creek Sqr.<br>Terre Haute, IN 47802                              | Framing   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Framing</u>      | \$266.22                          | \$266.22                               | 3-20-07<br>to<br>3-26-07 |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |   | \$2,353.49                        |  |                          |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |   | \$                                |  |                          |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures **totalled on ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|---|-----------------------------------|--|------------------------|
| Code <u>F</u><br>Sam's Club<br>4350 S. US HWY 41<br>Terre Haute, IN 47802                                | Wholesaler  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>food/fundrsr | \$201.97                          | \$201.97                               | 3-25-07                |
| Code <u>F</u><br>Halcyon Gallery<br>25 S. 7th St.<br>Terre Haute, IN 47807                               | Art Gallery   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Rent         | \$150.00                          | \$150.00                               | 3-26-07                |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                            |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                            |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                            |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                            |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                            |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |   | \$351.97                          |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |   | \$2,705.46                        |  |                        |